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**\$3737**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Eilaz Babeav Examiner: Not Yet Assigned  
Serial No.: 09/774,145 Group: Art Unit 3737  
Filed: January 30, 2001 Docket: 1177-9  
For: ULTRASONIC WOUND TREATMENT METHOD Dated: November 20, 2003  
AND DEVICE USING STANDING WAVES

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

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**AMENDMENT TRANSMITTAL FORM**

Sir:

TECHNOLOGY CENTER B3700

Transmitted herewith is an amendment in the above-identified application

Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDET. RATE FEE	OR	RATE	ADDET. FEE	
TOTAL	18	MINUS	20	=	X 9	\$	X 18	\$ 0
INDEP.	3	MINUS	3	=	X 40	\$	X 80	\$ 0
□ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 135	\$		X 270	\$ 0
				TOTAL			OR TOTAL	\$ 0
				ADDET. FEE		\$ 0		

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3

**\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20"**

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For\* (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on November 21, 2003.

Dated: November 21, 2003

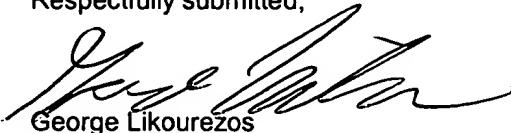
Adrienne Fagan

Please charge Deposit Account No. 50-2140 in the amount of \$\_\_\_\_\_. Two (2) copies of this sheet are enclosed.

A check in the amount of \$\_\_\_\_\_ is enclosed.

Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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